

251346

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 279 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

PERRY RIVERS

(Please type or print)

Submitted by: RIVERS CHARTER & TOURS LLC

Telephone: 803-457-0114

Address: 125 PEACHTREE ROCK RD

Fax: 803-755-1055

LEXINGTON SC 29073

Other:

MAIL ADDRESS: PO BOX 3366, W. COLUMBIA

SC 29171 Email: perryrivers@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

FILED
JUL 12 2014
PSC SC
MAIL/DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 6-23-14

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

RIVERS CHARTER & TOURS LLC

125 PEACHTREE ROCK RD, LEXINGTON SC 29073

Street Address of Applicant

PO BOX 3366, WEST COLUMBIA SC 29171

Mailing Address of Applicant (if different from street address)

803-457-0114

Phone

803-755-1055

Fax

perryrivers@hotmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

PERRY L RIVERS - OWNER

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

(See Attached)

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with South Carolina Department of Motor Vehicles (herein after called Agency)
(Name of Agency)

This is to certify that the Nova Casualty Company
(Name of Company)
(herein after called Company) of 726 Exchange Street, Suite 1020, Buffalo, NY, 14210
(Home Address of Company)

Rivers Charter & Tours
has issued to LLC of 125 Peachtree Rock Rd, Lexington, SC, 29073
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 04/03/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 32 North Ave NJ 07016 This 02nd day of Jul 20 14
East Cranford (Address) (Day) (Month) (Year)

Insurance Company File No. NEC-CL-0010313-1
(Policy No)

Fay Bass
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :5,000,000.00

RECEIVED
JUL 02 2014
PCC SC
MAIL / DMS

Exhibit Fit, Willing, and Able (FWA)

RIVERS CHARTER & TOURS LLC

Name of Applicant

2292425

U.S.D.O.T No.

782791

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes☐ No☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

A Perry Rivers
Applicant's Signature

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF *Richland*)

SWORN TO BEFORE ME

This *20th* day of *June*, 2014

Elaine D. Richard
Notary Public

Commission Expires *June 28, 2021*

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

RIVERS CHARTER & TOURS LLC

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Perry Rivers, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 20th day of June, 2014

Notary Public

Commission Expires

June 28, 2021

Perry Rivers
Applicant's Signature

Print Application



U.S. Department
of
Transportation
Federal Motor
Carrier Safety
Administration

PERRY RIVERS
PRESIDENT
RIVERS CHARTER & TOURS LLC
PO BOX 3366
WEST COLUMBIA, SC 29172

1200 New Jersey Ave., S.E.
Washington, DC 20590
November 20, 2013

In reply refer to:
USDOT No.: 2292425

MC Number:

Safety Audit Pass

This letter is to inform you that, based on the results of the safety audit conducted on RIVERS CHARTER & TOURS LLC on November 13, 2013, the Federal Motor Carrier Safety Administration (FMCSA) has determined that RIVERS CHARTER & TOURS LLC may continue to operate in interstate commerce within the United States.

However, for-hire motor carriers cannot operate in interstate commerce unless they obtain operating authority from FMCSA by following the registration procedures described in 49 CFR part 365, unless providing transportation exempt from 49 CFR part 356 registration requirements.


You are reminded that as a new entrant motor carrier FMCSA will continue to monitor and evaluate RIVERS CHARTER & TOURS LLC's safety management practices and on-road performance to ensure RIVERS CHARTER & TOURS LLC is complying with Federal requirements including the Federal Motor Carrier Safety Regulations (FMCSRs) and applicable Federal Hazardous Materials Regulations (note). RIVERS CHARTER & TOURS LLC may be granted permanent registration no earlier than 18 months from the date its USDOT New Entrant registration was originally granted. Failure to comply with applicable requirements may result in the revocation of RIVERS CHARTER & TOURS LLC's USDOT New Entrant or permanent registration.


If you have any questions concerning your New Entrant Status, please call your division office number (202) 366-4031.

Sincerely,

Joseph B. DeLorenzo, Director, Office of
Enforcement and Compliance

South Carolina Department of Public Safety, State Transport Police

	USDOT# 2292425	Legal: RIVERS CHARTER & TOURS LLC	
	Operating (DBA):		
MC/MX #: 782701		State #:	Federal Tax ID:
Review Type: Safety Audit - New Entrant		Location of Review/Audit: State Field Office	
Scope: Entire Operation		Territory:	
Operation Types		Interstate	Intrastate
Carrier:	Non-HM	N/A	
Shipper:	N/A	N/A	
Cargo Tank:	N/A		
Business:		Corporation	
Gross Revenue:		\$28475	for year ending: 10/31/2013
Company Physical Address:			
125 PEACHTREE ROCK RD LEXINGTON, SC 29073, UNITED STATES			
Contact Name: Perry Rivers			
Phone numbers: (1) 8034570114		(2)	Fax
E-Mail Address:			
Company Mailing Address:			
PO BOX 3306 WEST COLUMBIA, SC 29171, UNITED STATES			
Carrier Classification			
Authorized for Hire			
Cargo Classification			
Passengers			
Does carrier transport placardable quantities of HM? No			
Is an HM Permit required? No			
Driver Information			
	Inter	Intra	Average trip leased drivers/month: 0
< 100 Miles:	0	0	Total Drivers: 1
>= 100 Miles:	1	0	CDL Drivers: 1
Equipment			
	Owned	Term Leased	Trip Leased
Motor Coach	1	0	0
Power units used in the U.S.:		1	
Percentage of time used in the U.S.:		100	

 RIVERS CHARTER & TOURS LLC USDOT# 2292425	Review Date: 11/13/2013
Part A	

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

South Carolina State Transport Police, Motor Carrier Compliance Unit
10311 Wilson Blvd, Building D-2, Post Office Box 1993, Blythewood, SC 29016
Phone: (803) 896-2696 Fax: (803) 896-6626

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed:

Name: Perry Rivers

Title: President

RIVERS CHARTER & TOURS LLC USDOT#: 2292426	Review Date: 11/13/2013
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Part B - Questions and Answers


Asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question General # 1 Section # 387.7(a) Acute Does the carrier have the required minimum level of financial responsibility in effect (property carrier)?	Answer N/A
Question General # 2 Section # 387.7(d) Critical Does the carrier have required proof of financial responsibility (property carrier)?	Answer N/A
Question General # 3 Section # 387.31(a) Acute Does the carrier have the required minimum level of financial responsibility in effect (passenger carrier)?	Answer Yes
Question General # 4 Section # 387.31(d) Critical Does the carrier have required proof of financial responsibility (passenger carrier)?	Answer Yes
Question General # 5 Section # 13901 (392.9a(a)(1)) Is the motor carrier authorized to conduct interstate operations in the United States?	Answer Yes
Question General # 6 Section # 390.15(b)(1) Does the carrier provide a complete accident register of recordable accidents?	Answer N/A
Question General # 7 Section # 390.15(b)(2) Critical Does the carrier have copies of all accident reports required by States or other government entities or insurers?	Answer N/A
Question General # 8 Section # 390.9(e) Is the carrier knowledgeable of the FMCSRs/HMRs?	Answer Yes
Question General # 9 Section # 390.21 Does the carrier know the commercial motor vehicles marking requirements?	Answer Yes
Question Driver # 1 Section # 391.51(a) Critical Does the carrier maintain driver qualification files?	Answer Yes
Question Driver # 2 Section # 391.11(b)(4) Acute Is the carrier using physically qualified drivers?	Answer Yes
Question Driver # 3 Section # 391.45(a), 391.45(b) Critical Is the carrier using a driver without a medical certificate or with an expired medical certificate?	Answer No
Question Driver # 4 Section # 391.15(a) Acute Is the carrier using any disqualified drivers?	Answer No

Question Driver # 5 Section # 391.51(b)(2) Critical Does the carrier maintain driving inquiry data in driver qualification files?	Answer Yes
Comments Perry Rivers, 10/26/2013 to NC Hire Date: 05/03/2013 Driving information was not put in file until 09/03/13 Note: This carrier was in violation prior to the Safety Audit.	
Question Driver # 6 Section # 382.115(a), 382.115(b) Acute Has the carrier implemented an alcohol and/or controlled substances testing program?	Answer Yes
Question Driver # 7 Section # 382.213(b) Acute Has the carrier used drivers who have used controlled substances?	Answer No
Question Driver # 8 Section # 382.215 Acute Has the carrier used a driver who has tested positive for a controlled substance?	Answer N/A
Question Driver # 9 Section # 382.201 Acute Has the carrier used a driver known to have an alcohol concentration of 0.04 or greater?	Answer N/A
Question Driver # 10 Section # 382.505(a) Acute Has the carrier used a driver found to have an alcohol concentration of .02 or greater but less than .04 within 24 hours of being tested?	Answer N/A
Question Driver # 11 Section # 382.301(a) Critical Has the carrier ensured that drivers have undergone testing for controlled substances prior to performing a safety sensitive function?	Answer Yes
Question Driver # 12 Section # 382.303(a) Critical Has the carrier conducted post accident testing on drivers for alcohol?	Answer N/A
Question Driver # 13 Section # 382.303(b) Critical Has the carrier conducted post accident testing on drivers for controlled substances?	Answer N/A
Question Driver # 14 Section # 382.305 Acute Has the carrier implemented random testing program?	Answer Yes
Question Driver # 15 Section # 382.305(b)(1) Critical Has the carrier conducted random alcohol testing at an annual rate of not less than the applicable annual rate or prorated rate of the average number of driver positions?	Answer Yes
Question Driver # 16 Section # 382.305(b)(2) Critical Has the carrier conducted controlled substance testing at the applicable prorated rate of not less than the applicable annual rate of the average number of driver positions?	Answer Yes
Question Driver # 17 Section # 40.305(a) Has the carrier conducted the required return-to-duty tests on employees returning to safety-sensitive functions?	Answer N/A
Question Driver # 18 Section # 40.309(a) Is the carrier conducting follow-up testing as directed by the Substance Abuse Professional?	Answer N/A

Question Driver # 19 Section # 382.211 Acute Has the carrier used a driver who has refused to submit to an alcohol or controlled substances test required under Part 382?	Answer N/A
Question Driver # 20 Section # 382.503 Critical Has the carrier used a Substance Abuse Professional as required by 49 CFR Part 40 Subpart O?	Answer N/A
Question Driver # 21 Section # 383.23(a) Critical Has a driver operated a commercial motor vehicle without a current operating license, or a license, which hasn't been properly classed and endorsed?	Answer N/A
Question Driver # 22 Section # 383.37(a) Acute Has the motor carrier knowingly allowed it's drivers who's CDLs have been suspended, revoked or canceled by a state, have lost the right to operate a CMV in a State, or have been disqualified from operating a CMV to operate a commercial motor vehicle?	Answer No
Question Driver # 23 Section # 383.51(a) Acute Has the motor carrier knowingly allowed, required, permitted, or authorized a driver to drive who is disqualified to drive a commercial motor vehicle?	Answer No
Question Operations # 1 Section # 395.1(e)(1), 395.1(e)(2) Does the carrier have a system for recording hours of duty status on 100/150- mile radius drivers, and are they properly utilizing the 100/150 air-mile radius exemption?	Answer N/A
Question Operations # 2 Section # 395.8(a) Critical Does the carrier require drivers to make a record of duty status?	Answer Yes
Question Operations # 3 Section # 395.8(f) Critical Does the carrier require drivers to submit records of duty status within 13 days?	Answer Yes
Question Operations # 4 Section # 395.8(k)(1) Critical Can the carrier produce records of duty status and supporting documents for selected drivers?	Answer Yes
Question Operations # 5 Section # 395.3(a)(1) Critical Has the carrier allowed driver(s) to exceed the 11-hour rule? (Property)	Answer N/A
Question Operations # 6 Section # 395.3(a)(2) Critical Has the carrier allowed driver(s) to exceed the 14-hour rule? (Property)	Answer N/A
Question Operations # 7 Section # 395.3(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Property)	Answer N/A
Question Operations # 8 Section # 395.3(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Property)	Answer N/A
Question Operations # 9 Section # 395.5(a)(1) Critical Has the carrier allowed driver(s) to exceed the 10 hour rule? (Passenger)	Answer No
Question Operations # 10 Section # 395.5(a)(2) Critical Has the carrier allowed driver(s) to exceed the 15 hour rule? (Passenger)	Answer No

Question Operations # 11 Section # 395.5(b)(1) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Passenger)	Answer No
Question Operations # 12 Section # 395.5(b)(2) Critical Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Passenger)	Answer N/A
Question Operations # 13 Section # 395.8(e) Critical Does available evidence indicate a selected driver has prepared a false record of duty status?	Answer No
Question Operations # 14 Section # 392.2 Critical Does the motor carrier ensure that drivers operate commercial motor vehicles in accordance with the laws, ordinances, and regulations of the jurisdictions in which they are operating?	Answer Yes
Question Operations # 15 Section # 392.9(a)(1) Critical Does the carrier ensure that drivers are not permitted to drive a vehicle without the cargo properly distributed and adequately secured?	Answer Yes
Question Operations # 16 Section # 392.4(b) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, narcotic drugs, amphetamines, or any other substances capable of rendering the drivers incapable of safely operating motor vehicles?	Answer No
Question Operations # 17 Section # 392.5(b)(1) Acute Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, intoxicating beverages?	Answer No
Question Operations # 18 Section # 392.5(b)(2) Acute Have any drivers operated a commercial motor vehicle within 4 hours of having consumed intoxicating beverages?	Answer No
Question Maintenance # 1 Section # 396.3(b) Critical Can the carrier produce maintenance files for requested vehicle(s)?	Answer Yes
Question Maintenance # 2 Section # 396.17(a) Critical Can the motor carrier produce evidence of periodic (annual) inspections for selected vehicles?	Answer Yes
Question Maintenance # 3 Section # 396.11(a) Critical Does the motor carrier require drivers to complete vehicle inspection reports daily?	Answer N/A
Question Maintenance # 4 Section # 396.11(c) Acute Does the carrier ensure that out-of-service defects listed by the driver in the driver vehicle inspection reports are corrected before the vehicle is operated again?	Answer N/A
Question Maintenance # 5 Section # 396.9(c)(2) Acute Does the carrier ensure vehicles that have been declared "out-of-service" do not operate before repairs have been made?	Answer N/A
Question Maintenance # 6 Section # 396.19 Is the carrier using qualified inspectors (mechanic) and maintaining evidence of the inspector's qualifications?	Answer Yes
Question Maintenance # 7 Section # 396.3 Can the carrier explain its systematic, periodic maintenance program?	Answer Yes

	RIVERS CHARTER & TOURS LLC	Review Date: 11/13/2013
	USDOT# 2292425	
Part B		

Your Proposed Safety Audit Result is: **PASS**

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	0	0	—	0	PASS
2. Driver	0	0	—	0	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	—	—	—	—	—
6. Accidents	—	—	PASS — 0.00	—	PASS
SUM	0	0		0	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RIVERS CHARTER & TOURS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 30th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of March, 2012.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State